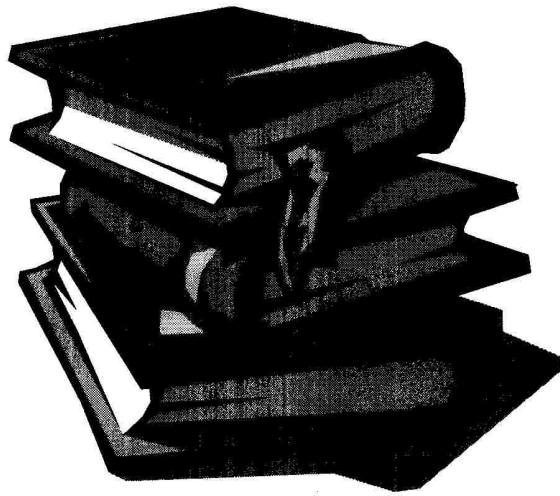


**JANUARY, 2015  
ASSESSOR'S CONFERENCE  
TAX ABATEMENT  
RESOURCE MATERIALS  
PACKET**



**March 1, 2015**



# STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R3 / 12-13)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

## PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

## INSTRUCTIONS

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
2. The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1		TAXPAYER INFORMATION						
Name of taxpayer		Name of contact person						
Address of taxpayer (number and street, city, state, and ZIP code)		Telephone number ( )						
SECTION 2		LOCATION AND DESCRIPTION OF PROPOSED PROJECT						
Name of designating body		Resolution number (s)						
Location of property		County	DLGF taxing district number					
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (Use additional sheets if necessary.)		ESTIMATED						
		START DATE	COMPLETION DATE					
		Manufacturing Equipment						
		R & D Equipment						
		Logist Dist Equipment						
IT Equipment								
SECTION 3		ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT						
Current number	Salaries	Number retained	Salaries	Number additional	Salaries			
SECTION 4		ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT						
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values								
Plus estimated values of proposed project								
Less values of any property being replaced								
Net estimated values upon completion of project								
SECTION 5		WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER						
Estimated solid waste converted (pounds) _____		Estimated hazardous waste converted (pounds) _____						
Other benefits:								
SECTION 6		TAXPAYER CERTIFICATION						
I hereby certify that the representations in this statement are true.								
Signature of authorized representative		Date signed (month, day, year)						
Printed name of authorized representative		Title						

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We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years \* (see below). The date this designation expires is \_\_\_\_\_.

B. The type of deduction that is allowed in the designated area is limited to:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Installation of new manufacturing equipment;            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Installation of new logistical distribution equipment.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Installation of new information technology equipment;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

D. The amount of deduction applicable to new research and development equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

F. The amount of deduction applicable to new information technology equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

G. Other limitations or conditions (specify) \_\_\_\_\_

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

- |                                 |                                 |                                 |                                 |                                  |               |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5  | (see below *) |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 |               |

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☐ Yes ☐ No  
If yes, attach a copy of the abatement schedule to this form.

If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: (signature and title of authorized member of designating body)	Telephone number ( )	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by: (signature and title of attester)	Printed name of attester	

\* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

#### IC 6-1.1-12.1-17

##### Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

## Abatement Deduction Schedule

**Statement of Benefits (SB-1) approved after 06/30/2013  
See Indiana Code 6-1.1-12.1-17 (Designating body must establish a deduction schedule.)**

**Statement of Benefits (SB-1) approved after 06/30/2000 and before July 1, 2013  
(Machinery or research and development equipment)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
One (1) Year	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Two (2) Years	100%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Three (3) Years	100%	66%	33%	0%	0%	0%	0%	0%	0%	0%	0%
Four (4) Years	100%	75%	50%	25%	0%	0%	0%	0%	0%	0%	0%
Five (5) Years	100%	80%	60%	40%	20%	0%	0%	0%	0%	0%	0%
Six (6) Years	100%	85%	66%	50%	34%	25%	0%	0%	0%	0%	0%
Seven (7) Years	100%	85%	71%	57%	43%	29%	14%	0%	0%	0%	0%
Eight (8) Years	100%	88%	75%	63%	50%	38%	25%	13%	0%	0%	0%
Nine (9) Years	100%	88%	77%	66%	55%	44%	33%	22%	11%	0%	0%
Ten (10) Years	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%

**ERA Designated and SB-1 approved on or after 05/01/1991 and before 07/01/2000  
(Machinery and equipment only)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
Five (5) Years	100%	95%	80%	65%	50%	0%	0%	0%	0%	0%	0%
Ten (10) Years	100%	95%	90%	85%	80%	70%	55%	40%	30%	25%	0%

**ERA Designated prior to 07/01/2000 and SB-1 filed on or after 07/01/2000  
(Machinery and equipment only)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
Five (5) Years	100%	80%	60%	40%	20%	0%	0%	0%	0%	0%	0%
Ten (10) Years	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%



**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R2 / 5-13)

Prescribed by the Department of Local Government Finance

**FORM CF-1 / PP**

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
  2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between March 1, and May 15, of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between March 1, and the extended due date of each year.
  3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-1).

<b>SECTION 1 TAXPAYER INFORMATION</b>									
Name of taxpayer									
Address of taxpayer (number and street, city, state, and ZIP code)									
Name of contact person							Telephone number (      )		
<b>SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY</b>									
Name of designating body							Resolution number		
Location of property					County		DLGF taxing district number		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.							Estimated starting date (month, day, year)		
							Estimated completion date (month, day, year)		
<b>SECTION 3 EMPLOYEES AND SALARIES</b>									
<b>EMPLOYEES AND SALARIES</b>							<b>AS ESTIMATED ON SB-1</b>	<b>ACTUAL</b>	
Current number of employees									
Salaries									
Number of employees retained									
Salaries									
Number of additional employees									
Salaries									
<b>SECTION 4 COST AND VALUES</b>									
	<b>MANUFACTURING EQUIPMENT</b>		<b>R &amp; D EQUIPMENT</b>		<b>LOGIST DIST EQUIPMENT</b>		<b>IT EQUIPMENT</b>		
<b>AS ESTIMATED ON SB-1</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	
Values before project									
Plus: Values of proposed project									
Less: Values of any property being replaced									
Net values upon completion of project									
<b>ACTUAL</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	
Values before project									
Plus: Values of proposed project									
Less: Values of any property being replaced									
Net values upon completion of project									
<b>NOTE:</b> The <b>COST</b> of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (d).									
<b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>									
<b>WASTE CONVERTED AND OTHER BENEFITS</b>							<b>AS ESTIMATED ON SB-1</b>	<b>ACTUAL</b>	
Amount of solid waste converted									
Amount of hazardous waste converted									
Other benefits:									
<b>SECTION 6 TAXPAYER CERTIFICATION</b>									
I hereby certify that the representations in this statement are true.									
Signature of authorized representative					Title		Date signed (month, day, year)		

**OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)  
THAT WAS APPROVED AFTER JUNE 30, 1991.**

**INSTRUCTIONS: (IC 6-1.1-12.1-5.9)**

1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
3. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the Township Assessor and the County Auditor.
4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits.
5. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the Township Assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance <input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance <input type="checkbox"/> other (specify) _____			
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing
<b>HEARING RESULTS (to be completed after the hearing)</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see instruction 5 above)			
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
<b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			

**BUSINESS TANGIBLE PERSONAL  
PROPERTY ASSESSMENT RETURN**

State Form 11405 (R36 / 10-14)

Prescribed by the Department of Local Government Finance

**FORM  
103 - LONG****MARCH 1, 2015**

For Assessor's Use Only

**INSTRUCTIONS:** Please type or print.

- This form must be filed with the Township Assessor, if any, or the County Assessor of the county in which the property is located not later than May 15 unless an extension of up to thirty (30) days is granted in writing. Contact information for the Assessor is available at <http://www.in.gov/dlgf/2440.htm>.
- A Form 104 must be filed with the return.

PRIVACY NOTICE: The records in this series are confidential according to IC 6-1.1-35-9.

Name of taxpayer		Federal Identification Number **
Name under which business is conducted		DLGF Taxing district number
Address where property is located (number and street, city, state, and ZIP code)		DLGF Taxing district name
Nature of business	NAICS * - Code number	Township
Name and address to which Assessment and Tax Notice is to be mailed (If different than above)		County
		Retail Merchants Certification Number

1. Federal Income Tax Year ends \_\_\_\_\_ Name filed under \_\_\_\_\_
2. Location of accounting records \_\_\_\_\_
3. Form of business ☐ Partnership or Joint Venture ☐ Sole Proprietorship ☐ Corporation ☐ Estate or Trust  
☐ Other, describe: \_\_\_\_\_
4. Do you have other locations in Indiana? ☐ Yes ☐ No
5. Did you own, hold, possess or control any leased, rented or other depreciable personal property on March 1? ☐ Yes ☐ No (See 50 IAC 4.2-8)
6. Did you own, hold, possess or control any Special Tools on March 1? ☐ Yes ☐ No (See 50 IAC 4.2-6-2)
7. Did you own, hold, possess or control any returnable containers on March 1? ☐ Yes ☐ No (See 50 IAC 4.2-6-4)
8. Total sales for this location during the prior fiscal or calendar year. \$ \_\_\_\_\_

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (See 50 IAC 4.2-2 and 50 IAC 4.2-8).

Duplicate Return Requirement. Every taxpayer whose total combined assessed value of business personal property in a single taxing district that exceeds \$150,000 must file each return in duplicate including the confidential returns and schedules attached thereto. (IC 6-1.1-3-7 (c))

Failure to file a return on or before the due date as required by law will result in the imposition of a twenty-five dollar (\$25) penalty. In addition, if the return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the Township Assessor or County Assessor under IC 6-1.1-3-7 (b). If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the County Auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature, or location of personal property owned, held, possessed or controlled on the assessment date. (IC 6-1.1-3-9 (a)). This information would include, but not be limited to, completion of the heading and related information, answers to all questions on the face of the return, and entries on all of the appropriate lines of Schedule A. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of \$25 shall be imposed. (IC 6-1.1-37-7(d))

\* NAICS - North American Industry Classification System - A complete list of codes may be found at [www.census.gov](http://www.census.gov). The Indiana Code (IC) and Indiana Administrative Code (IAC) may be found on-line at the DLGF website - [www.in.gov/dlgf](http://www.in.gov/dlgf). For further questions, contact the County Assessor (available on the DLGF website).

NOTE: The NAICS Code Number appears on your federal income tax return.

\*\* An individual using his Social Security Number as the Federal Identification Number is only required to provide the last four digits of that number. IC 4-1-10-3.

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
Schedule A - Personal Property	+ \$	\$	\$
Deduction per Form 103 ERA or Form 103-CTP	- \$	\$	\$
Final Assessed Valuation	= \$	\$	\$

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I hereby certify that this return (including accompanying schedules, deduction claims and statements), to the best of my knowledge and belief, is true, correct, and complete; reports all tangible personal property subject to taxation, owned, held, possessed or controlled by the named taxpayer, in the stated taxing district, on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	Telephone number ( )	Date (month, day, year)
Name and title of authorized person (please type or print)	E-mail contact	
Signature of person preparing return, if different than authorized person	Name and contact information of preparer (please type or print)	

**6**

FORM 103 - LONG See 50 IAC 4.2-4		TANGIBLE PERSONAL PROPERTY CONFIDENTIAL			SCHEDULE A MARCH 1, 2015
Line	Report all personal property assessable to this taxpayer below. (Round all figures below to nearest dollar)				Federal Identification Number
1	Total cost of tangible depreciable personal property. (50 IAC 4.2-4-2)				\$
2	Adjustment to federal tax basis per Form 106. (50 IAC 4.2-4-4)				
3	Total cost and base year value of tangible depreciable personal property. (Line 1 plus 2)				\$
<b>Deduct Exempt Property (See 50 IAC 4.2-11.1)</b>				<b>COST</b>	
4	Stationary industrial air purification systems. (Attach Form 103-P)			\$	
5	Industrial waste control facilities. (Attach Form 103-P)				
6	Enterprise information technology equipment. (Attach Form 103-IT)				
7	Vehicles / airplanes subject to excise tax.	Number of Units	\$		
<b>Total cost of exempt property (Deduct from Line 3 and enter on Line 8)</b>					
8	<b>Subtotal</b>				\$
<b>Additions: See 50 IAC 4.2-1-1.1 and 50 IAC 4.2-4-3 (b) and 4</b>					
9	Cost of all depreciable personal property still in use but written off. (50 IAC 4.2-4-3(b))				\$
10	Cost of installation and foundations applicable to depreciable personal property. (50 IAC 4.2-4-2(d))				
11	Cost of interest incurred during construction and installation applicable to depreciable personal property. (50 IAC 4.2-4-3(j))				
12	<b>Total</b> cost and base year value of assessable depreciable personal property. (add Lines 8, 9, 10 and 11. Line 12 must agree with Line 56 Column A)				\$
<b>POOLING SUMMARY (From Schedule A-1 or Form 103-P5)</b>		<b>TOTAL COST COLUMN A</b>	<b>ADJUSTMENTS COLUMN B</b>	<b>ADJUSTED COST COLUMN C</b>	<b>TRUE TAX VALUE COLUMN D</b>
56	<b>Total All Pools</b>	\$	\$	\$	\$
57	30% of Adjusted Cost (Line 56, Column C) (enter zero (0) if filing 103-P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23).				\$
58	Greater of Lines 56D or 57.				\$
<b>Adjustments to True Tax Value</b>					
59	Equipment not placed in service and/or critical spare parts (50 IAC 4.2-6-1 & 6) per Form 106.	Cost \$		<b>X 10%</b>	\$
60	Tools, dies, jigs, fixtures, etc., per Form 103-T. (50 IAC 4.2-6-2)		Cost \$		\$
61	Permanently retired equipment (50 IAC 4.2-4-3) and/or returnable containers (50 IAC 4.2-6-4) per Form 106.		Cost \$		\$
62	Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103-I. (50 IAC 4.2-10)		Cost \$		\$
63	<b>Total</b> additions to True Tax Value. (Lines 59, 60, 61 and 62)				\$
64	<b>Total</b> True Tax Value before adjustments for "Abnormal Obsolescence." (Line 58 plus Line 63)				\$
65	Abnormal Obsolescence Adjustment per Form 106. (50 IAC 4.2-4-8)				\$
66	<b>Total</b> True Tax Value of personal property. (To page 1, Form 103 Summary)				\$

\*\* The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103-T, 106 AND 103-I, respectively) and recorded on Line(s) 60, 61 and 62.

## ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR.

YEAR OF ACQUISITION		COLUMN A	COLUMN B	COLUMN C		COLUMN D
POOL NUMBER 1: (1 TO 4 YEAR LIFE)		TOTAL COST OR BASE YEAR VALUE	ADJUSTMENTS ** (See Note Above)	ADJUSTED COST	T.T.V.%	TRUE TAX VALUE
13	From To 3-1-15*				65	
14	3-2-14 To 3-1-15				65	
15	3-2-13 To 3-1-14				50	
16	3-2-12 To 3-1-13				35	
17	Prior To 3-2-12	\$	\$	\$	20	\$
18	TOTAL POOL NUMBER 1					
POOL NUMBER 2: (5 TO 8 YEAR LIFE)						
19	From To 3-1-15 *				40	
20	3-2-14 To 3-1-15				40	
21	3-2-13 To 3-1-14				56	
22	3-2-12 To 3-1-13				42	
23	3-2-11 To 3-1-12				32	
24	3-2-10 To 3-1-11				24	
25	3-2-09 To 3-1-10				18	
26	Prior To 3-2-09	\$	\$	\$	15	\$
27	TOTAL POOL NUMBER 2					
POOL NUMBER 3: (9 TO 12 YEAR LIFE)						
28	From To 3-1-15 *				40	
29	3-2-14 To 3-1-15				40	
30	3-2-13 To 3-1-14				60	
31	3-2-12 To 3-1-13				55	
32	3-2-11 To 3-1-12				45	
33	3-2-10 To 3-1-11				37	
34	3-2-09 To 3-1-10				30	
35	3-2-08 To 3-1-09				25	
36	3-2-07 To 3-1-08				20	
37	3-2-06 To 3-1-07				16	
38	3-2-05 To 3-1-06				12	
39	Prior To 3-2-05	\$	\$	\$	10	\$
40	TOTAL POOL NUMBER 3					
POOL NUMBER 4: (13 YEAR AND LONGER LIFE)						
41	From To 3-1-15 *				40	
42	3-2-14 To 3-1-15				40	
43	3-2-13 To 3-1-14				60	
44	3-2-12 To 3-1-13				63	
45	3-2-11 To 3-1-12				54	
46	3-2-10 To 3-1-11				46	
47	3-2-09 To 3-1-10				40	
48	3-2-08 To 3-1-09				34	
49	3-2-07 To 3-1-08				29	
50	3-2-06 To 3-1-07				25	
51	3-2-05 To 3-1-06				21	
52	3-2-04 To 3-1-05				15	
53	3-2-03 To 3-1-04				10	
54	Prior To 3-2-03	\$	\$	\$	5	\$
55	TOTAL POOL NUMBER 4					
56	TOTAL ALL POOLS					

Election to report cost of depreciable assets by federal tax year .....

☐ Yes

☐ No

Election available only when federal tax year ends December 31 or January 31. See 50 IAC 4.2-4-6 (c).

\* If taxpayer elects to report cost above on federal tax year basis, assets acquired from the prior federal tax year end to March 1 are to be reported on the first line of the appropriate pool.

NOTE: All Column B adjustments above must be supported on Form 106, Form 103-T, or Form 103-I.





# SCHEDULE OF DEDUCTION FROM ASSESSED VALUATION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52503 (R11 / 11-14)

Prescribed by the Department of Local Government Finance

MARCH 1, 2015

FORM 103-ERA

PRIVACY NOTICE: The records in this series are confidential according to IC 6-1.1-35-9.

## INSTRUCTIONS:

1. In order to receive a deduction, this schedule must be submitted with a timely filed Form 103-Long.
2. A separate schedule must be completed and attached to Form 103-Long for each approved Form SB-1/PP for that abatement.
3. Attach a copy of the applicable Form CF-1 to this schedule. First-time filings must also include the SB-1 and the Resolution from the designating body.
4. For any acquisitions included herein since the last assessment date, attach a list of the newly included equipment on Form 103-EL.

SECTION 1 TAXPAYER INFORMATION									
Name of taxpayer				Name of contact person					
Full address (number and street, city, state, and ZIP code)				E-mail address of contact person			Telephone number ( )		
County		Township		Taxing District			Fax number ( )		

SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION									
Name of body designating the Economic Revitalization Area				Resolution number			Length of abatement (years)		
Date designation approved (month, day, year)			Date designation will terminate (month, day, year)			Does resolution limit dollar amount of deduction? <input type="checkbox"/> Yes, and limit is based on equipment <input type="checkbox"/> No <input type="checkbox"/> Cost and/or <input type="checkbox"/> Assessed value			

SECTION 3 ABATED EQUIPMENT POOLING SCHEDULE									
The total cost of depreciable assets is to be reported on Form 103-Long. This schedule includes only the values attributable to the new manufacturing, research and development, logistical distribution, and/or information technology equipment under abatement per the resolution and IC 6-1.1-12.1. Election to report cost of depreciable assets by federal tax year*** <input type="checkbox"/> Yes <input type="checkbox"/> No									
The Minimum Value Ratio applies if Line 57 is greater than Line 56D on page 2 of the Form 103-Long [IC 6-1.1-12.1-4.5(g)]			Box 1 - Enter amount shown on Line 57 of Form 103-Long			Box 2 - Enter amount shown on Line 56D of Form 103-Long		Box 3 - Divide Box 1 by Box 2 (carry ratio 5 decimal places)	

POOL NUMBER 1 (1 TO 4 YEAR LIFE)									
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed	
						Year	Percent		
13	From to 3-1-15***	\$	65%	\$		1	%	\$	
14	3-2-14 to 3-1-15		65%			1			
15	3-2-13 to 3-1-14		50%			2			
16	3-2-12 to 3-1-13		35%			3			
17A	3-2-11 to 3-1-12		20%			4			
17B	3-2-10 to 3-1-11		20%			5			
17C	3-2-09 to 3-1-10		20%			6			
17D	3-2-08 to 3-1-09		20%			7			
17E	3-2-07 to 3-1-08		20%			8			
17F	3-2-06 to 3-1-07		20%			9			
17G	3-2-05 to 3-1-06		20%			10			
18	TOTAL POOL NUMBER 1	\$	--	\$	--	--	--	\$	

POOL NUMBER 2 (5 TO 8 YEAR LIFE)									
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed	
						Year	Percent		
19	From to 3-1-15***	\$	40%	\$		1	%	\$	
20	3-2-14 to 3-1-15		40%			1			
21	3-2-13 to 3-1-14		56%			2			
22	3-2-12 to 3-1-13		42%			3			
23	3-2-11 to 3-1-12		32%			4			
24	3-2-10 to 3-1-11		24%			5			
25	3-2-09 to 3-1-10		18%			6			
26A	3-2-08 to 3-1-09		15%			7			
26B	3-2-07 to 3-1-08		15%			8			
26C	3-2-06 to 3-1-07		15%			9			
26D	3-2-05 to 3-1-06		15%			10			
27	TOTAL POOL NUMBER 2	\$	--	\$	--	--	--	\$	

SUB-TOTAL - POOLS 1 AND 2 (Total Lines 18 and 27. Enter to the right and on Page 2.)								\$
--	--	--	--	--	--	--	--	----

## SECTION 3 (continued)

ABATED EQUIPMENT POOLING SCHEDULE  
POOL NUMBER 3 (9 TO 12 YEAR LIFE)

		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
						Year	Percent	
28	From to 3-1-15***	\$	40%	\$		1	%	\$
29	3-2-14 ,to 3-1-15		40%			1		
30	3-2-13 to 3-1-14		60%			2		
31	3-2-12 to 3-1-13		55%			3		
32	3-2-11 to 3-1-12		45%			4		
33	3-2-10 to 3-1-11		37%			5		
34	3-2-09 to 3-1-10		30%			6		
35	3-2-08 to 3-1-09		25%			7		
36	3-2-07 to 3-1-08		20%			8		
37	3-2-06 to 3-1-07		16%			9		
38	3-2-05 to 3-1-06		12%			10		
40	TOTAL POOL NUMBER 3	\$	--	\$	--	--	--	\$

## POOL NUMBER 4 (13 YEAR AND LONGER LIVES)

		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
						Year	Percent	
41	From to 3-1-15***	\$	40%	\$		1	%	\$
42	3-2-14 to 3-1-15		40%			1		
43	3-2-13 to 3-1-14		60%			2		
44	3-2-12 to 3-1-13		63%			3		
45	3-2-11 to 3-1-12		54%			4		
46	3-2-10 to 3-1-11		46%			5		
47	3-2-09 to 3-1-10		40%			6		
48	3-2-08 to 3-1-09		34%			7		
49	3-2-07 to 3-1-08		29%			8		
50	3-2-06 to 3-1-07		25%			9		
51	3-2-05 to 3-1-06		21%			10		
55	TOTAL POOL NUMBER 4	\$	--	\$	--	--	--	\$

SUB-TOTAL - POOLS 3 AND 4 (Total Lines 40 and 55. Enter to the right and below.)

\$

## SPECIAL TOOLING

Round all figures to the nearest \$1. Report only the cost of abated special tools, dies, jigs, etc. (50 IAC 4.2-6-2)				True Tax Value (Included on Form 103-T)		Abatement		Deduction Claimed
						Year	Percent	
S1	From to 3-1-15***	\$	30%			1	%	\$
S2	3-2-14 to 3-1-15		30%			1		
S3	3-2-13 to 3-1-14		3%			2		
S4	3-2-12 to 3-1-13		3%			3		
S5	3-2-11 to 3-1-12		3%			4		
S6	3-2-10 to 3-1-11		3%			5		
S7	3-2-09 to 3-1-10		3%			6		
S8	3-2-08 to 3-1-09		3%			7		
S9	3-2-07 to 3-1-08		3%			8		
S10	3-2-06 to 3-1-07		3%			9		
S11	3-2-05 to 3-1-06		3%			10		
S12	<b>TOTAL SPECIAL TOOLING</b>	\$	--		--	--	--	\$

The Minimum  
Value Ratio  
Is Not  
Applicable To  
Special Tooling

SUB-TOTAL POOLS 1 AND 2 (from Page 1)

SUB-TOTAL POOLS 3 AND 4 (from above)

SUB-TOTAL SPECIAL TOOLING (from above - Line S12)

TOTAL ALL POOLS AND SPECIAL TOOLING

LIMIT ON AMOUNT OF ABATEMENT STATED IN RESOLUTION

AMOUNT OF DEDUCTION CLAIMED - Lesser of resolution limit on abatement or total all pools.  
(Carry deduction forward to the Summary Section on Page 1 of the Form 103-Long.)Obsolescence claimed on Form 106? ☐ Yes ☐ No

NOTE: If obsolescence is claimed on depreciable assets, the applicable adjustment must be taken on the Abatement Deduction being claimed. Show calculations on Form 106.

Line numbers on this form match the line numbers on the Form 103-Long. Lines were added to Pools 1 and 2 and deleted from Pools 3 and 4 to reflect the ten (10) year abatement limitation.

\*\*\* If taxpayer elects to report cost on a federal tax year basis, assets acquired from the end of the prior federal tax year to March 1 are reported on the first line.



## EQUIPMENT LIST FOR NEW ADDITIONS TO ERA DEDUCTION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52515 (R / 1-09)

Prescribed by the Department of Local Government Finance

**MARCH 1, 20** \_\_\_\_\_

**FORM 103-EL**

## PRIVACY NOTICE

The records in this series are confidential according to IC 6-1.1-35-9.

**INSTRUCTIONS:**

1. This schedule must be filed when any new manufacturing, research and development, logistical distribution and/or information technology equipment that is claimed on the schedule of deduction from assessed valuation (Form 103-ERA) has been installed after the prior year assessment date.
2. A separate list must be completed for EACH APPROVED abatement (Form SB-1 / PP). The equipment list is attached to the corresponding Form 103-ERA and made part of the Business Personal Property Return (103 Long) filed with the Assessor not later than May 15 of each year unless an extension of up to thirty (30 ) days is granted in writing.
3. A taxpayer's internal list may be attached to this form. Any data omitted from that taxpayer format must be added here, using the Reference Number Column to cross reference to the taxpayer formatted list.
4. The purpose column is to describe the item in sufficient detail to assist the Assessing Official to determine that the item is eligible for abatement as equipment as defined in IC 6-1.1-12.1-1. An entry may be left blank if the item name is self-describing.

## SECTION 1

**TAXPAYER INFORMATION**

Name of taxpayer		Name of contact person	
Address of taxpayer (number and street, city, state and ZIP code)			Telephone number (       )
County	Township	DLGF taxing district number	

## SECTION 2

### ECONOMIC REVITALIZATION AREA INFORMATION

Name of body designating the Economic Revitalization Area	Resolution number	Length of abatement (years)
---	-------------------	-----------------------------

## SECTION 3

### ABATED EQUIPMENT LIST

[illegible]

- ☐ Check if additional Form 103-EL are attached for this abatement (103-ERA). This is Equipment List \_\_\_\_ of \_\_\_\_.
- ☐ Check if taxpayer's internal list is attached.



# STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51767 (R6 / 10-14)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM SB-1 / Real Property

## PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- ☐ Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)  
☐ Residentially distressed area (IC 6-1.1-12.1-4.1)

### INSTRUCTIONS:

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body **BEFORE** the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
2. The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
3. To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
4. A property owner who files for the deduction must provide the County Auditor and designating body with a Form CF-1/Real Property. The Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
5. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. IC 6-1.1-12.1-17

## SECTION 1

### TAXPAYER INFORMATION

Name of taxpayer		
Address of taxpayer (number and street, city, state, and ZIP code)		
Name of contact person	Telephone number ( )	E-mail address

## SECTION 2

### LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body	Resolution number
Location of property	County
	DLGF taxing district number
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)	Estimated start date (month, day, year)
	Estimated completion date (month, day, year)

## SECTION 3

### ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
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## SECTION 4

### ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

	REAL ESTATE IMPROVEMENTS	
	COST	ASSESSED VALUE
Current values		
Plus estimated values of proposed project		
Less values of any property being replaced		
Net estimated values upon completion of project		

## SECTION 5

### WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____	Estimated hazardous waste converted (pounds) _____
Other benefits	

## SECTION 6

### TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.	
Signature of authorized representative	Date signed (month, day, year)
Printed name of authorized representative	Title

12

**FOR USE OF THE DESIGNATING BODY**

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years\* (*see below*). The date this designation expires is \_\_\_\_\_.
- B. The type of deduction that is allowed in the designated area is limited to:
1. Redevelopment or rehabilitation of real estate improvements ☐ Yes ☐ No
  2. Residentially distressed areas ☐ Yes ☐ No
- C. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.
- D. Other limitations or conditions (*specify*) \_\_\_\_\_
- E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* *see below*)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10
- F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?  
☐ Yes ☐ No  
 If yes, attach a copy of the abatement schedule to this form.  
 If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved ( <i>signature and title of authorized member of designating body</i> )	Telephone number (      )	Date signed ( <i>month, day, year</i> )
Printed name of authorized member of designating body	Name of designating body	
Attested by ( <i>signature and title of attester</i> )	Printed name of attester	

\* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. (See IC 6-1.1-12.1-17 below.)

**IC 6-1.1-12.1-17**

**Abatement schedules**

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
  - (2) The number of new full-time equivalent jobs created.
  - (3) The average wage of the new employees compared to the state minimum wage.
  - (4) The infrastructure requirements for the taxpayer's investment.
- (b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
- (c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



# APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS (ERA)

State Form 18379 (R12 / 1-14)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM 322 / RE

## INSTRUCTIONS:

1. This form is to be filed in person or by mail with the County Auditor of the county in which the property is located.
2. To obtain this deduction, a Form 322 / RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation (or new assessment) is made, or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of assessment, he can apply between March 1 and May 10 of a subsequent year for the remainder of the abatement term. (See also IC 6-1.1-12.1-11.3 concerning the failure to file a timely application.)
3. A copy of the Form 11, the approved Form SB-1 / Real Property, the resolution adopted by the designating body, and the Form CF-1 / Real Property must be attached to this application.
4. The Form CF-1 / Real Property must be updated annually and provided to the County Auditor and the designating body for each assessment year in which the deduction is applicable.
5. Please see IC 6-1.1-12.1 for further instructions.
6. Taxpayer completes Sections I, II and III below.
7. If property located in an economic revitalization area is also located in an allocation area as defined in IC 36-7-14-39 or IC 36-7-15.1-26, an application for the property tax deduction may not be approved unless the Commission that designated the allocation area adopts a resolution approving the application (IC 6-1.1-12.1-2(k)).
8. Except for deductions related to redevelopment or rehabilitation of real property in a county containing a consolidated city, a deduction for the redevelopment or rehabilitation of real property may not be approved for the following facilities (IC 6-1.1-12.1-3):
  - a. Private or commercial golf course
  - b. Country club
  - c. Massage parlor
  - d. Tennis club
  - e. Skating facility, including roller skating, skateboarding or ice skating
  - f. Racquet sport facility (including handball or racquet ball court)
  - g. Hot tub facility
  - h. Suntan facility
  - i. Racetrack
  - j. Any facility, the primary purpose of which is (a) Retail food and beverage service; (b) Automobile sales or service; or (c) other retail; (unless the facility is located in an economic development-target area established under IC 6-1.1-12.1-7).
  - k. Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals or unless the facility is located in an economic development target area established under IC 6-1.1-12.1-7, or the area is designated as a residentially distressed area which is required to meet conditions as cited in IC 6-1.1-12.1-2 (c) (1 & 2).
  - l. Package liquor store [see IC 6-1.1-12.1 - 3(e)(12)]

## SECTION I - DESCRIPTION OF PROPERTY

The owner hereby applies to the County Auditor for a deduction pursuant to IC 6-1.1-12.1-5 beginning with the assessment date March 1, 20\_\_.

County	Township	DLGF taxing district number	Key number
Name of owner		Legal description from Form 11	
Property address (number and street, city, state, and ZIP code)			Date of Form 11 (month, day, year)
Type of structure			Use of structure
Governing body that approved ERA designation		Date ERA designation approved (month, day, year)	Resolution number

## SECTION II - VERIFICATION OF OWNER OR REPRESENTATIVE

Signature of owner or representative (I hereby certify that the representations on this application are true.)		Date signed (month, day, year)
Printed name of owner or representative	Address (number and street, city, state, and ZIP code)	

## SECTION III - STRUCTURES

## AUDITOR'S USE

A. Rehabilitation structure	1. Assessed valuation AFTER rehabilitation	\$	
	2. Assessed valuation BEFORE rehabilitation	\$	
	3. Difference in assessed valuation (Line 1 minus Line 2)	\$	
	4. Assessed valuation eligible for deduction (for the increase in A/V from the rehabilitation, not including the increase in A/V from the reassessment of the entire structure)	\$	
B. New structure	1. Assessed valuation	\$	
	2. Assessed valuation eligible for deduction	\$	

## SECTION IV - VERIFICATION OF ASSESSING OFFICIAL

I verify that the above described structure was assessed and the owner was notified on \_\_\_\_\_ with the effective date of the assessment being March 1, 20\_\_ and that the assessed valuations in Section III are correct.

Signature of Assessing Official	Printed name of assessing official	Date (month, day, year)
---------------------------------	------------------------------------	-------------------------

**SECTION V - FOR AREAS, EXCEPT FOR A RESIDENTIALLY DISTRESSED AREA, WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 - DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17**

**YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION\*\***

(1) For deductions allowed over a 1 year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

(2) For deductions allowed over a two (2) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

(3) For deductions allowed over a three (3) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 66% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 33% \* \_\_\_\_% \$\_\_\_\_\_

(4) For deductions allowed over a four (4) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 75% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 25% \* \_\_\_\_% \$\_\_\_\_\_

(5) For deductions allowed over a five (5) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 80% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 60% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 40% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 20% \* \_\_\_\_% \$\_\_\_\_\_

(6) For deductions allowed over a six (6) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 85% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 66% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 34% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 17% \* \_\_\_\_% \$\_\_\_\_\_

(7) For deductions allowed over a seven (7) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 85% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 71% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 57% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 43% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 29% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 14% \* \_\_\_\_% \$\_\_\_\_\_

**YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION\*\***

(8) For deductions allowed over a eight (8) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 88% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 75% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 63% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 38% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 25% \* \_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 13% \* \_\_\_\_% \$\_\_\_\_\_

(9) For deductions allowed over a nine (9) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 88% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 77% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 66% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 55% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 44% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 33% \* \_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 22% \* \_\_\_\_% \$\_\_\_\_\_

9 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 11% \* \_\_\_\_% \$\_\_\_\_\_

(10) For deductions allowed over a ten (10) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 95% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 80% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 65% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 40% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 30% \* \_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 20% \* \_\_\_\_% \$\_\_\_\_\_

9 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 10% \* \_\_\_\_% \$\_\_\_\_\_

10 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 5% \* \_\_\_\_% \$\_\_\_\_\_

\* The deduction percentages shown in this section apply to a statement of benefits approved before July 1, 2013, that did not have an alternative deduction schedule adopted by the designating body. All other abatements shall use the percentages reflected in the abatement schedule adopted by the designating body per IC 6-1.1-12.1-17.

\*\* The amount of the deduction shall be adjusted annually to reflect changes to the assessed valuation resulting from a reassessment or an appeal of the assessment per IC 6-1.1-12.1-4 (b).

**SECTION VI - FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013  
DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17**

TYPE OF DWELLING	DEDUCTION IS THE LESSER OF: [IC 6-1.1-12.1-4.1(b)]	DEDUCTION IS ALLOWED FOR A FIVE (5) YEAR PERIOD WHICH INCLUDES YEARS:
<input type="checkbox"/> One (1) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$74,880 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Two (2) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$106,080 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Three (3) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$156,000 AV	_____ pay _____ through _____ pay _____
<input type="checkbox"/> Four (4) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$199,680 AV	_____ pay _____ through _____ pay _____

Assessed value limits for taxes due and payable prior to January 1, 2005 were \$36,000, \$51,000, \$75,000, and \$96,000 for one to four family dwellings respectively.

**SECTION VII - APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)**

This application is approved in the amounts shown above.

Signature of County Auditor

Printed name of County Auditor

Date signed (month, day, year)



**COMPLIANCE WITH STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS**

State Form 51766 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

**FORM CF-1 / Real Property****PRIVACY NOTICE**

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

**INSTRUCTIONS:**

1. This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.
2. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
3. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
4. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
5. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

<b>SECTION 1 TAXPAYER INFORMATION</b>			
Name of taxpayer		County	
Address of taxpayer (number and street, city, state, and ZIP code)		DLGF taxing district number	
Name of contact person		Telephone number ( )	
<b>SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY</b>			
Name of designating body	Resolution number	Estimated start date (month, day, year)	
Location of property		Actual start date (month, day, year)	
Description of real property improvements		Estimated completion date (month, day, year)	
		Actual completion date (month, day, year)	
<b>SECTION 3 EMPLOYEES AND SALARIES</b>			
<b>EMPLOYEES AND SALARIES</b>		<b>AS ESTIMATED ON SB-1</b>	<b>ACTUAL</b>
Current number of employees			
Salaries			
Number of employees retained			
Salaries			
Number of additional employees			
Salaries			
<b>SECTION 4 COST AND VALUES</b>			
<b>COST AND VALUES</b>		<b>REAL ESTATE IMPROVEMENTS</b>	
<b>AS ESTIMATED ON SB-1</b>		<b>COST</b>	<b>ASSESSED VALUE</b>
Values before project			
Plus: Values of proposed project			
Less: Values of any property being replaced			
Net values upon completion of project			
<b>ACTUAL</b>		<b>COST</b>	<b>ASSESSED VALUE</b>
Values before project			
Plus: Values of proposed project			
Less: Values of any property being replaced			
Net values upon completion of project			
<b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>			
<b>WASTE CONVERTED AND OTHER BENEFITS</b>		<b>AS ESTIMATED ON SB-1</b>	<b>ACTUAL</b>
Amount of solid waste converted			
Amount of hazardous waste converted			
Other benefits:			
<b>SECTION 6 TAXPAYER CERTIFICATION</b>			
I hereby certify that the representations in this statement are true.			
Signature of authorized representative		Title	Date signed (month, day, year)

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OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)  
THAT WAS APPROVED AFTER JUNE 30, 1991

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:

- ☐ the property owner **IS** in substantial compliance
- ☐ the property owner **IS NOT** in substantial compliance
- ☐ other (specify) \_\_\_\_\_

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member

Date signed (month, day, year)

Attested by:

Designating body

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)

Time of hearing

☐ AM  
☐ PM

Date of hearing (month, day, year)

Location of hearing

**HEARING RESULTS (to be completed after the hearing)**

☐ Approved

☐ Denied (see instruction 4 above)

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member

Date signed (month, day, year)

Attested by:

Designating body

**APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]**

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.





# STATEMENT OF BENEFITS VACANT BUILDING DEDUCTION

State Form 55182 (R / 2-14)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM SB-1 / VBD

## PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

This statement is being completed for real property that qualifies as an "eligible vacant building" as defined by IC 6-1.1-12.1-1(17).

### INSTRUCTIONS:

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body BEFORE the occupation of the eligible vacant building for which the person wishes to claim a deduction.
2. To obtain a vacant building deduction, a Form 322/VBD must be filed with the county auditor before May 10 in the year in which the property owner or his tenant occupies the vacant building or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of occupation, he can apply between March 1 and May 10 of a subsequent year.
3. A property owner who files the Form 322/VBD must provide the county auditor and the designating body with a Form CF-1/VBD to show compliance with the approved Form SB-1/VBD. The Form CF-1/VBD must also be updated each year in which the deduction is applicable.

SECTION 1 TAXPAYER INFORMATION					
Name of taxpayer					
Address of taxpayer (number and street, city, state, and ZIP code)					
Name of contact person		Telephone number ( )		E-mail address	
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT					
Name of designating body				Resolution number	
Location of property		County		DLGF taxing district number	
Description of eligible vacant building that the property owner or tenant will occupy (use additional sheets if necessary).				Estimated occupancy date (month, day, year)	
				Estimated date placed-in-use (month, day, year)	
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS A RESULT OF PROPOSED PROJECT					
Current number	Salaries	Number retained	Salaries	Number additional	Salaries
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT					
		REAL ESTATE IMPROVEMENTS			
		COST		ASSESSED VALUE	
Current values					
Plus estimated values of proposed project					
Less values of any property being replaced					
Net estimated values upon completion of project					
SECTION 5 EFFORTS TO SELL OR LEASE VACANT BUILDING					
Described efforts by the owner or previous owner to sell, lease, or rent the building during period of vacancy:					
Show amount for which the building was offered for sale, lease, or rent during period of vacancy.					
List any other benefits resulting from the occupancy of the eligible vacant building.					
SECTION 6 TAXPAYER CERTIFICATION					
I hereby certify that the representations in this statement are true.					
Signature of authorized representative		Title		Date signed (month, day, year)	

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**FOR USE OF THE DESIGNATING BODY**

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years\* (*see below*). The date this designation expires is \_\_\_\_\_.
- B. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.
- C. Other limitations or conditions (*specify*) \_\_\_\_\_
- D. Number of years allowed:
- |                                 |                                 |                                 |                                 |   |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5 (* <i>see below</i> ) |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10                      |
- E. For a statement of benefits approved after June 30, 2013, did the designating body adopt an abatement schedule per IC 6-1.1-12.1-17?  
☐ Yes      ☐ No  
*If yes, attach a copy of the abatement schedule to this form.*  
*If no, the designating body is required to establish an abatement schedule before the deduction can be determined.*

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved ( <i>signature and title of authorized member of designating body</i> )	Telephone number (       )	Date signed ( <i>month, day, year</i> )
Printed name of authorized member of designating body	Name of designating body	
Attested by ( <i>signature and title of attester</i> )	Printed name of attester	

\* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-1(17) "Eligible vacant building" means a building that:

- (A) is zoned for commercial or industrial purposes; and  
 (B) is unoccupied for at least one (1) year before the owner of the building or a tenant of the owner occupies the building, as evidenced by a valid certificate of occupancy, paid utility receipts, executed lease agreements, or any other evidence of occupation that the department of local government finance requires.

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
  - (2) The number of new full-time equivalent jobs created.
  - (3) The average wage of the new employees compared to the state minimum wage.
  - (4) The infrastructure requirements for the taxpayer's investment.
- (b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
- (c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



# APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION REAL PROPERTY VACANT BUILDING DEDUCTION

State Form 53179 (R2 / 2-14)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM 322 / VBD

## INSTRUCTIONS:

1. This form is to be filed with the county auditor of the county in which the eligible vacant building is located.
2. To obtain a vacant building deduction, a Form 322/VBD must be filed with the county auditor before May 10 in the year in which the property owner or his tenant occupies the vacant building or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of occupation, he can apply between March 1 and May 10 of a subsequent year.
3. The eligible vacant building must have been unoccupied for at least one (1) year and be zoned for commercial or industrial purposes.
4. A copy of the approved Form SB-1/VBD, the resolution adopted by the designating body, and the Form CF-1/VBD must be attached to this application.
5. A property owner who files this form must provide the county auditor and the designating body with a Form CF-1/VBD to show compliance with the approved Form SB-1/VBD. The Form CF-1/VBD must also be updated and provided to the county auditor and the designating body for each assessment year in which the deduction is applicable.

SECTION 1				PROPERTY INFORMATION	
Address of property (number and street, city, state, and ZIP code)					
County		Township		DLGF Taxing District number	Parcel number
Name of owner			Name of contact person		
Mailing address of owner (number and street, city, state, and ZIP code)					
Telephone number ( )		Fax number ( )		E-mail address (optional)	

SECTION 2				REQUEST FOR DEDUCTION AND DESCRIPTION OF BENEFIT TO TAXING JURISDICTION	
Describe the real property investment					
Total cost of the real property investment					
Is this property within an Economic Revitalization District (ERA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this property within a Tax Increment Financing (TIF) district as defined in IC 6-1.1-21.2-3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ASSESSED VALUE OF LAND	ASSESSED VALUE OF IMPROVEMENTS	ASSESSED VALUE OF LAND AND IMPROVEMENTS (TOTAL AV)		*ASSESSED VALUE OF ELIGIBLE VACANT BUILDING	
\$	\$	\$		\$	
*Note: The amount of the deduction is the assessed value of the building or part of the building that is occupied by the property owner or a tenant of the property owner that qualifies as an eligible vacant building as defined in IC 6-1.1-12.1; multiplied by the percentage determined by the designating body under IC 6-1.1-12.1-17.					
I hereby certify that the above named taxpayer is liable for property taxes at the above listed location on the indicated assessment date and that the representations on this application are true and correct. I further certify that the real property investment identified above is eligible for the vacant building deduction as outlined in IC 6-1.1-12.1-4.8 and IC 6-1.1-12.1-16.					
Signature of owner or representative (if representative, attach power of attorney)				Date signed (month, day, year)	
Printed name of signatory		Title		Telephone number of preparer ( )	

**SCHEDULE A - FOR USE BY THE COUNTY AUDITOR IF THE FORM SB-1/VBD WAS APPROVED BEFORE, JULY 1, 2013**

TYPE AND YEAR OF DEDUCTION	ELIGIBLE ASSESSED VALUE *	DEDUCTION PERCENTAGE	DEDUCTION BEFORE LIMIT **
<b>Eligible vacant building - One (1) Year (IC 6-1.1-12.1-4.8)</b>			
Year One (1) 3-1-20___ payable in 20___	\$	100%	\$
<b>Eligible vacant building - Two (2) Years (IC 6-1.1-12.1-4.8)</b>			
Year One (1) 3-1-20___ payable in 20___	\$	100%	\$
Year Two (2) 3-1-20___ payable in 20___	\$	50%	\$
<b>Eligible vacant building - Three (3) Years (IC 6-1.1-12.1-4.8 &amp; IC 6-1.1-12.1-16(b))</b>			
Year One (1) 3-1-20___ payable in 20___	\$	100%	\$
Year Two (2) 3-1-20___ payable in 20___	\$	50%	\$
Year Three (3) 3-1-20___ payable in 20___	\$	50%	\$
<b>Enhanced eligible vacant building - One (1) Year (IC 6-1.1-12.1-16) ***</b>			
Year One (1) 3-1-20___ payable in 20___	\$	100%	\$
<b>Enhanced eligible vacant building - Two (2) Years (IC 6-1.1-12.1-16) ***</b>			
Year One (1) 3-1-20___ payable in 20___	\$	100%	\$
Year Two (2) 3-1-20___ payable in 20___	\$	100%	\$
<b>Enhanced eligible vacant building - Three (3) Years (IC 6-1.1-12.1-16) ***</b>			
Year One (1) 3-1-20___ payable in 20___	\$	100%	\$
Year Two (2) 3-1-20___ payable in 20___	\$	100%	\$
Year Three (3) 3-1-20___ payable in 20___	\$	100%	\$
<b>** Application of the limits from IC 6-1.1-12.1-4.8(k) as determined by the designating body on the Form SB-1/VBD (Page 2, Letter B).</b>			
Year One (1) 3-1-20___ payable in 20___	Enter eligible deduction as determined above		\$
	Enter limit determined by the designating body from SB-1		\$
The approved deduction for this assessment date is the lesser of the two (2) numbers above.			\$
Year Two (2) 3-1-20___ payable in 20___	Enter eligible deduction as determined above		\$
	Enter limit determined by the designating body from SB-1		\$
The approved deduction for this assessment date is the lesser of the two (2) numbers above.			\$
Year Three (3) 3-1-20___ payable in 20___	Enter eligible deduction as determined above		\$
	Enter limit determined by the designating body from SB-1		\$
The approved deduction for this assessment date is the lesser of the two (2) numbers above.			\$
<p>*The deduction is for the assessed value of the eligible vacant building as defined by IC 6-1.1-12.1-1(17). The amount of the deduction shall be adjusted to reflect the percentage increase or decrease in assessed valuation resulting from a general reassessment or a cyclical reassessment. If an appeal of the assessment is approved that results in a reduction of the assessed value, the deduction shall be adjusted to reflect the percentage decrease that resulted from the appeal. (IC 6-1.1-12.1-4.8(j)) Note: This is the pre-July 1, 2013 version of the statute that was in effect at the time the Form SB-1/VBD was approved.</p> <p>**Statutory Limits under IC 6-1.1-12.1-4.8(k): The maximum amount of a deduction to the assessed value under this section may not exceed the lesser of: (1) the annual amount for which the eligible vacant building was offered for lease or rent by the owner or a previous owner during the period the eligible vacant building was unoccupied; or (2) an amount, as determined by the designating body in its discretion, that is equal to the annual amount for which similar buildings in the county or contiguous counties were leased or rented or offered for lease or rent during the period the eligible vacant building was unoccupied. Note: This is the pre-July 1, 2013 version of the statute that was in effect at the time the Form SB-1/VBD was approved.</p> <p>*** IC 6-1.1-12.1-16(a): This section applies to property that is the subject of a deduction application filed after June 30, 2011, if: (1) property that is the subject of a deduction application is an eligible vacant building with at least fifty thousand (50,000) square feet and, as a condition of obtaining the deduction, the deduction applicant agrees to use the eligible vacant building for industrial or commercial purposes; (2) as a condition of obtaining a deduction under this chapter, the deduction applicant agrees to invest at least ten million dollars (\$10,000,000) in property that is eligible for a deduction under this chapter; (3) property that is the subject of a deduction application consists of a proposed rehabilitation of property in a designated downtown area; or (4) the property that is the subject of a deduction application is or will be located in a county in which: (A) the average annualized unemployment rate in each of the two (2) calendar years immediately preceding the current calendar year exceeded the statewide average annualized unemployment rate for each of the same calendar years by at least two percent (2%); or (B) the average annualized unemployment rate in the immediately preceding calendar year was at least double the statewide average annualized unemployment rate for the same period; as determined by the Department of Workforce Development. Note: This is the pre-July 1, 2013 version of the statute that was in effect at the time the Form SB-1/VBD was approved.</p>			
<b>APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)</b>			
This application is approved in the amounts shown above.			
Signature of County Auditor	Printed name of County Auditor	Date signed (month, day, year)	

**SCHEDULE B - FOR USE BY THE COUNTY AUDITOR IF THE FORM SB-1/VBD WAS APPROVED AFTER JUNE 30, 2013**

**YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION\*\***

(1) For deductions allowed over a 1 year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(2) For deductions allowed over a two (2) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(3) For deductions allowed over a three (3) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(4) For deductions allowed over a four (4) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(5) For deductions allowed over a five (5) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(6) For deductions allowed over a six (6) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(7) For deductions allowed over a seven (7) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(8) For deductions allowed over a eight (8) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(9) For deductions allowed over a nine (9) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

9 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

(10) For deductions allowed over a ten (10) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

9 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

10 20\_\_ pay 20\_\_ \$\_\_\_\_\_ \* \_\_\_\_\_% \$\_\_\_\_\_

\* The deduction percentages reflected in this schedule apply to a statement benefits approved after June 30, 2013 and are the percentages reflected in this abatement schedule adopted by the designating body per IC 6-1.1-12.1-17.

\*\* The amount of the deduction shall be adjusted annually to reflect changes to the assessed valuation resulting from a reassessment or an appeal of the assessment per IC 6-1.1-12.1-4.8(i).

**APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)**

This application is approved in the amounts shown above.

Signature of County Auditor

Printed name of County Auditor

Date signed (month, day, year)





# COMPLIANCE WITH STATEMENT OF BENEFITS VACANT BUILDING DEDUCTION

State Form 55183 (2-13)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM CF-1 / VBD

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- ☐ Eligible vacant building (IC 6-1.1-12.1-4.8)  
☐ Enhanced eligible vacant building (IC 6-1.1-12.1-16)

## PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

## INSTRUCTIONS:

1. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the qualifying property with the Statement of Benefits (Form SB-1/VBD).
2. This form must accompany the initial deduction application (Form 322/VBD) that is filed with the county auditor.
3. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))

SECTION 1 TAXPAYER INFORMATION		
Name of taxpayer	County	
Address of taxpayer (number and street, city, state, and ZIP code)	DLGF taxing district number	
Name of contact person	Telephone number ( )	

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body	Resolution number	Estimated occupancy date (month, day, year)
Location of property	Actual occupancy date (month, day, year)	
Description of eligible vacant building that the property owner or tenant will occupy	Estimated date placed-in-use (month, day, year)	
	Actual date placed-in-use (month, day, year)	

SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees			
Salaries			
Number of employees retained			
Salaries			
Number of additional employees			
Salaries			

SECTION 4 COST AND VALUES		
COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project		
Less: Values of any property being replaced		
Net values upon completion of project		
ACTUAL	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project		
Less: Values of any property being replaced		
Net values upon completion of project		

SECTION 5 UPDATES TO THE ANSWERS PROVIDED IN SECTION 5 OF THE FORM SB-1/VBD, IF ANY (Attach additional sheet(s) if necessary.)

SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of authorized representative	Title	Date signed (month, day, year)

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/VBD).
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time, and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/VBD) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:

☐ the property owner **IS** in substantial compliance

☐ the property owner **IS NOT** in substantial compliance

☐ other (specify): \_\_\_\_\_

Reasons for the determination (attach additional sheets if necessary):

Signature of authorized member

Date signed (month, day, year)

Attested by:

Designating body

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)

Time of hearing

☐ AM  
☐ PM

Date of hearing (month, day, year)

Location of hearing

**HEARING RESULTS (to be completed after the hearing)**

☐ Approved

☐ Denied (see instruction 4 above)

Reasons for the determination (attach additional sheets if necessary):

Signature of authorized member

Date signed (month, day, year)

Attested by:

Designating body

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**APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]**

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.



REPRESENTATIVE FOR PETITIONER:

Greg Myers, President

REPRESENTATIVE FOR RESPONDENT:

Richard R. Smith, Wells County Assessor

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**BEFORE THE  
INDIANA BOARD OF TAX REVIEW**

HJM, LLC,	)	Petition No.: 90-017-12-1-7-00001
	)	
Petitioner	)	Business Tangible Personal Property
	)	
v.	)	County: Wells
	)	
Wells County Assessor,	)	Township: Rockcreek
	)	
Respondent.	)	Assessment Year: 2012

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Appeal from the Final Determination of the  
Wells County Property Tax Assessment Board of Appeals

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**October 22, 2013**

**FINAL DETERMINATION**

The Indiana Board of Tax Review ("Board"), having reviewed the facts and evidence, and having considered the issues, finds and concludes the following:

**Introduction**

1. HJM, LLC appeals the Assessor's decision denying its tax abatement after it filed the Certified Deduction Application and underlying Business Tangible Personal Property Return one day late. In this appeal, HJM asks the Board to waive the statutory filing deadlines, which the Board lacks the authority to do. Such authority rests solely with the

**[www.in.gov/ibtr](http://www.in.gov/ibtr)**

**→Decisions**

**→October 2013**

**→HJM, LLC**

HJM, LLC  
Findings & Conclusions  
Page 1 of 8

### IC 6-1.1-12.1

#### Chapter 12.1. Deduction for Rehabilitation or Redevelopment of Real Property in Economic Revitalization Areas

### IC 6-1.1-12.1-0.3

#### Legalization of designation of economic revitalization area before February 1, 1991

Sec. 0.3. Notwithstanding any other law, a designating body's actions taken before February 1, 1991, in retroactively designating an economic revitalization area are legalized and validated.

*As added by P.L.220-2011, SEC.121.*

### IC 6-1.1-12.1-1

#### Definitions

Sec. 1. For purposes of this chapter:

(1) "Economic revitalization area" means an area within the corporate limits of a city, town, or county that has become undesirable for, or impossible of, normal occupancy because of a lack of development, growth, deterioration of improvement, occupancy, age, obsolescence, or other factors which have impaired development of property in the area.

(A) any area that is located in a city, town, or county that is designated as an economic revitalization area.

Would you like to find the Indiana Codes concerning tax abatements? Here's how...

Go to: [www.in.gov/dlgf](http://www.in.gov/dlgf)

→ Click on: Legislation & Policy Information

→ Click on: Indiana Code & Administrative Code

→ Click on: Indiana Code

→ Click on: Title 6 Using This Drop-Down Box

Select a Title...

→ Click on: Article 1.1 Using This Drop-Down Box

Select an Article...

→ Scroll Down & Click on: Chapter 12.1 Using This Drop-Down Box

Select a Chapter...

→ Click On This Icon To Download The File: 